

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12682**

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 89

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

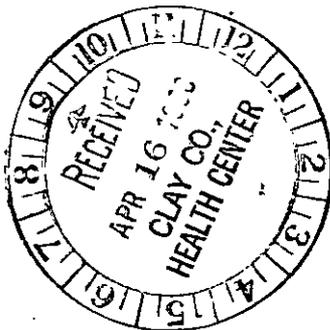
| | | | | | |
|---|--|---|---|--|---|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | |
| a. COUNTY <u>Clay</u> | | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Clay</u> |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | | c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | c. CITY OR TOWN <u>Liberty</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay Co. Farm</u> | | | * STREET ADDRESS (If rural, give location) <u>Clay Co. Farm 6000</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>ERNEST</u> | | | b. (Middle) _____ | | c. (Last) <u>EICHORST</u> |
| 5. SEX <u>Male</u> | | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unk</u> |
| 8. DATE OF BIRTH <u>Feb. 12 - 1883</u> | | | 9. AGE (In years last birthday) <u>73</u> | | 10. UNDER 1 YEAR Months _____ Days _____ |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>unk</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>unk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>unk</u> | |
| 13a. FATHER'S NAME <u>unk</u> | | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | | 14. NAME OF HUSBAND OR WIFE <u>unk</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clay Co. Home Records Section Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clay Co. Home Records Section Mo.</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 1 year or more | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>241X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from _____, 1954, to _____, 1956, that I last saw the deceased alive on Feb., 1956, and that death occurred at 10 P m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Wm. G. Goodson</u> | | 23b. ADDRESS <u>Liberty Mo</u> | | 23c. DATE SIGNED <u>4/9/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Apr 10 - 56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Clayton, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Phonix-Orchard Co.</u> | | ADDRESS <u>Liberty, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-10-56</u> | | REGISTRAR'S SIGNATURE <u>Mabel Grehan</u> | | | |



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold Gordon Smith*.....

Licensed Embalmer No. *4575*

P. O. Address *Liberty, Va.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**